

AECCS – State Plan – Implementation Schedule – Medical Homes Work Group

Program Specific Needs/Issues	Program(s) to address need	Goal/Mission Statement	Action Step(s)	Party Responsible	Projected Date of Completion
1. Collaboration between DHHS, DOH and DCCECE to address sustainability of Healthy Child Care America goal to pursue high quality through standards	A) DCCECE Licensing Review and Revision Process	1) To create safe, healthy child care environments for all children, including those with special health care needs	a. DOH partner with DCCECE to compile formal comparison between state minimum licensing standards and national standards b. Ongoing revisions to MLR based on standards and “Caring For Our Children”	DHHS/DCCECE – Program Support and Licensing Units DHHS/DCCECE – Licensing Unit	Ongoing 09/06 – 8/09
2. Collaboration between DHHS, DOH and DCCECE to address sustainability of Healthy Child Care America goal to build the infrastructure by developing a network of child care health consultants.	A) Early Childhood Health Initiative – program that will target 5 ABC in Batesville, Hope, Monticello, N. Little Rock, and Paris	1) Provide access to health, nutrition, and safety education for children in child care, their families, and child care providers	a. Early Childhood Health Initiative – Goal to increase children’s health prospects through improved use, management and coordination of required EPSDT screens; and decrease risk of negative health outcomes, particularly childhood obesity, through targeted nutrition and physical activity strategies in preschool classrooms:	DHHS/DCCECE – linkages to DOH Community Health Promotions Specialists and Community Health Nurse Specialists, ADE	09/06 – 8/09

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(cont.) 2. Collaboration between DHHS, DOH and DCCECE to address sustainability of Healthy Child Care America goal to build the infrastructure by developing a network of child care health consultants.	(cont.) A) Early Childhood Health Initiative (ECHI)	(cont.) 1) Provide access to health, nutrition, and safety education for children in child care, their families, and child care providers	a. Provide child health coordinators to link community resources, cc providers, classrooms and families b. Provide classroom-based assessment (NAP SACC) and curriculum to increase physical activity and provide nutrition education for children c. Provide mental health screening (DECA) to all program participants d. Provide TA to sites, base interventions on assessments, continuous evaluation	DCCECE/Arkansas Better Chance – public Pre-K programs	09/06 – 08/09
3. Collaboration between state agencies to address sustainability of HCCA goal to increase access to medical homes and health insurance through a) early care and ed. providers	A) Medical Homes Work Group and sub-groups	1) Develop strategies (e.g., disseminating materials or trainings) to increase awareness about the importance of the medical home and access to health insurance for child care providers.	a. Embed strategies within the proposed Quality Rating System (QRS) b. Convene Medical Home Advisory Group	AECCS Work Group members advocate with sub-group during construction of QRS plan Appointed Advisory Group from AECCS Medical Homes Work Group	09/06 – 08/07 09/06 – 08/07

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(cont.) 3. Collaboration between state agencies to address sustainability of HCCA goal to increase access to medical homes and health insurance through: a) early care and education providers	(cont.) A) Medical Homes Work Group and sub-groups	(cont.) 1) Develop strategies (e.g., disseminating materials or trainings) to increase awareness about the importance of the medical home and access to health insurance for child care providers.	c. Advisory group serves as TA arm to aid in development of “Quality Counts” (QRS) website d. Advisory group serves as ongoing TA arm to CC Quality Initiative (QI) including supplying information to QI direct listserv	Appointed AECCS Medical Homes Advisory Group Appointed AECCS medical Homes Advisory Group	09/06 – 08/07 09/06 – 08/09
	B) Medical Homes Advisory group	1) Develop strategies (e.g., disseminating materials or trainings) to increase awareness about the importance of the medical home and access to health insurance for providers, childhood advocates and the general public	The Medical Homes Advisory Group will develop linkages with organizations that are currently providing education to health care providers and families concerning healthcare needs of children to include information concerning the medical home and health insurance.	Appointed AECCS Medical Homes Advisory Group – Linkages with AFMC, Connect Care, Arkansas Advocates, UAMS Continuing Ed., Division of Medical Services, and other organizations as identified	09/06 – 08/09

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4. Develop and implement policies to guide the care of children within the context of the community and the medical home	A) DHHS – DOH/DCCECE immunization efforts	1. Facilitate up-to-date and easily accessible immunization information for children in child care, increasing immunization rates and preventive services for children in child care	<p>a. DHHS, DOH and DCCECE update policies, allowing child care providers to access Immunization Registry</p> <p>b. Educate child care providers on use of Immunization Registry</p> <p>c. Fully implement utilization of immunization data available to all licensed child care facilities</p>	<p>DHHS – DOH DCCECE/Licensing Unit</p> <p>DHHS – DOH DCCECE/Licensing Unit</p> <p>DHHS – DOH DCCECE/Licensing Unit</p>	<p>09/06 – 08/07</p> <p>09/07 – 08/08</p> <p>09/08 – 08/09</p>
	B) Oral Health Initiative – two regions of the state participating in initiative – engagement and education of HS/EHS staff to promote oral health	1) Promote and increase access to quality, comprehensive, culturally competent preventive, diagnostic and treatment to improve oral health	<p>a. Provide evidence-based parent education for oral health</p> <p>b. Provide caries risk assessment</p> <p>c. Provide anticipatory guidance</p> <p>d. Administer fluoride varnish to children at risk for dental caries</p>	UAMS Dept. of Dental Hygiene; UAMS College of Nursing – Graduate Pediatrics; Delta Dental Plan of Arkansas; Arkansas Head Start – State Collaboration Project	09/06 - 08/09

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(cont.) 4. Develop and implement policies to guide the care of children within the context of the community and the medical home	C) Medical Homes Work Groups and sub-groups	1. Promote and increase access to quality, comprehensive, culturally competent health and developmental screening for young children	a. Embed strategies within the proposed Quality Rating System (QRS)	AECCS Work Group members advocate with sub-group during construction of QRS plan	09/06 – 08/07
			b. Convene Review Committee to formulate list of recommended screening tools	Selected members of Medical Homes Work Group to serve on review group	09/06 – 08/07
			c. Training on use of recommended tools developed and disseminated	DHHS – DCCECE	09/07 – 08/09
	D) Enactment and Enforcement of Act 1438, of the Regular Session of the State of Arkansas 85th General Assembly	1. To provide eye and vision screening procedures and tests for children	a. All children in public and charter school Pre-K and Kindergarten shall receive an eye and vision screening b. Children who fail the screening shall be rescreened within one month	Arkansas Department of Education and local school districts (school nurse/local school vision care consultant)	09/06 – 08/09

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<p>(cont.) 4. Develop and implement policies to guide the care of children within the context of the community and the medical home</p>	<p>(cont.) D) Enactment and Enforcement of Act 1438, of the Regular Session of the State of Arkansas General Assembly</p>	<p>(cont.) 1. To provide eye and vision screening procedures and tests for children</p>	<p>(cont.) c. Any child who fails screening shall be rescreened within one month and report shall be mailed or given to parent or guardian. The report shall identify whether child passed or failed, and refer for comprehensive eye and vision examination d. Child who is referred shall be required to have comprehensive eye and vision examination conducted by an optometrist or ophthalmologist within 60 days of receipt of report. School shall follow up on referral process</p>	<p>(cont.) Arkansas Department of Education and local school districts (school nurse/local school vision care consultant)</p>	<p>(cont.) 9/06 – 8/09</p>

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(cont.) 4. Develop and implement policies to guide the care of children within the context of the community and the medical home	(cont.) D) Enactment and Enforcement of Act 1438, of the Regular Session of the State of Arkansas General Assembly	(cont.) 1. To provide eye and vision screening procedures and tests for children	(cont.) e. Adopt regulations that establish standards for training school nurses to perform eye and vision screenings. f. School districts shall de-identify screening results and report results by age grouping to the Arkansas Dept. of Ed and Arkansas Commission on Eye and Vision Care of School Age Children	(cont.) Arkansas Department of Education and local school districts (school nurse/local school vision care consultant)	(cont.) 09/06 – 08/09
		2. Study and evaluate whether children are receiving adequate eye and vision care, and continue to develop statewide plan to ensure the same	a. Conduct pilot study (encompassing rural and urban schools) to evaluate the pre- and post-performance test scores of children who have been referred for vision problems	AR Commission on Eye and Vision Care of School Age Children	09/06 – 08/07

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5. Assess and seek to improve the quality of preventive and developmental care for young children	A) AECCS work groups: Social Emotional and Medical Homes	1) Pursue the administration of the “Promoting Healthy Development Survey” (PHDS)	a. Study feasibility of implementing the PHDS survey in Arkansas, pursue funding	AECCS Medical Homes/Social Emotional Work Group	09/06 – 08/07
			b. Pursue administration of the survey, and evaluation of data	Dependent on funding source	09/07 – 08/09
		2.) Convene informal learning collaborative to address needs identified in PHDS	a. Seek funding to convene	AECCS Medical Homes- Social Emotional Work Groups	09/06 – 08/07
			b. Choose pilot sites to conduct learning collaborative – building network of community resources – child care, as well as other community partners	Dependent on funding source	09/07 – 08/09